

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-19115		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.					
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 11/10/14		DAY THURS			TIME: MILITARY 2123				
CRASH OCCURRED ON PRIVATE PROPERTY				WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE									
MILES 100 FEET W S E OF Cincinnati Ave.								8321									
LOG-1		LOG-2		LOC JUR FH9 FILT													
A UNIT NO. 1		NO OF OCCUPANTS 2		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT PEKIN Ins. Co.											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) HALL, TRAVIS, M.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2599 MANISTIQUE LAKES DR. Lebanon, OH 45036													
PHONE NO. 513-515-8883		BIRTH DATE 1m2101 19y5		AGE 18		SEX M		SOCIAL SECURITY NO.		STATE OH			DRIVER'S LICENSE NO. TX349829		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) HALL, JAMIE, L				ADDRESS SAME AS				PHONE 513-515-8883									
VEH YR 2007		MAKE HONDA		MODEL 45		COLOR TAHOE		STYLE 45		STATE OH		LICENSE PLATE NO. EDV3167		TOWING SERVICE None		VEH/PED DIR FROM 2 TO 5	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT PEKIN Ins. Co.											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) NONE				ADDRESS NONE													
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) JP YOUNG TRUCKING				ADDRESS 10243 Rochester Cozardale Rd. Goshen, OH				PHONE 513-477-2150									
VEH YR 2008		MAKE FORD		MODEL TK		COLOR White		STYLE TK		STATE OH		LICENSE PLATE NO. PGZ2122		TOWING SERVICE NONE		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO. 1		NAME (LAST, FIRST, MI) William, Collin, M		BIRTH DATE 0m8102 19y5		AGE 19		POSITION A B C D E F		INJURIES A B C D E F							
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